

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

LAWRENCE A. HAWTHORNE

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APR 04 2008

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

MICHAEL W. DOBBINS
CLERK, U. S. DISTRICT COURT

vs.

Case No:

08 C 050054

(To be supplied by the Clerk of this Court)

Kapala

WINNEBAGO COUNTY JAIL

SWEDISH AMERICAN HOSPITAL (ORTOPEDIC DEPT.)

STATEVILLE NRC

ASSISTANT WARDEN WRIGHT, STATEVILLE C.C.

WARDEN TERRY McCANN, STATEVILLE C.C.

SUPERINTENDENT MS. ENGLSON, STATEVILLE C.C.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

II. DEFENDANTS

- D. ASSISTANT WARDEN WRIGHT, STATEVILLE C.C.
- E. WARDEN TERRY McCANN, STATEVILLE C.C.
- F. SUPERINTENDENT MS. ENGLESON, STATEVILLE C.C.
- G. SHERIFF RICHARD A. MEYER, WINNEBAGO COUNTY JAIL
420 W. STATE ST.
ROCKFORD, IL. 61101

I. Plaintiff(s):

A. Name: LAWRENCE A. HAWTHORPE # A-08052

B. List all aliases: _____

C. Prisoner identification number: # A-08052

D. Place of present confinement: DIXON C.C. DIXON, IL.

E. Address: 2600 BRINTON AVE. DIXON, IL. 61021

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: WINNEBAGO COUNTY JAIL
Title: _____
Place of Employment: _____

B. Defendant: SWEDISH AMERICAN HOSPITAL (ORTOPEDIC DEPT.)
Title: DR. ? ORTOPEDIC DEPT.
Place of Employment: _____

C. Defendant: STATEVILLE NRC
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (✓) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (✓) NO () AT DIXON C.C.

C. If your answer is YES:

1. What steps did you take?

A GRIEVANCE WAS NOT FILED AT WINNEBAGO CO. JAIL
BECAUSE I WAS TRANSFERRED BEFORE ANY ACTION COULD
BE TAKEN.

2. What was the result?

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

A REQUEST WAS ASK TO USE THE LAW LIBRARY
OR HELP FROM A LAW LIBRARIAN. THE REQUEST WAS
NEVER HONOR.

D. If your answer is NO, explain why not:

E. Is the grievance procedure now completed? YES () NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES (V) NO ()

G. If your answer is YES:

1. What steps did you take?

AN INCIDENT REPORT WAS TAKEN AT WINNEBAGO
COUNTY JAIL AND AT STATEVILLE NRC.

2. What was the result?

WHILE AT WINNEBAGO COUNTY JAIL I WAS SENT TO SWEDISH
AMERICA HOSPITAL (ORTOPEDIC DEPT.) AND IT WAS DECIDED MY
RIGHT ARM AND HAND WAS BROKEN BUT NO CAST WAS GIVEN

H. If your answer is NO, explain why not:

DENIED
WHILE AT STATEVILLE C.C. I WAS DENIED ACCESS TO
ANYTHING PERTAINING TO MY INJURY.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example, Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

My right to proper medical care as a pretrial detainee and while housed in the NRC at Stateville C.C. were violated when staff members were deliberately indifferent to my medical needs.

On or about 4-11-07, I was issued a pair of defective shower shoes while in Winnebago County Jail. I requested another pair and was denied by a white intake officer approximately 6'0" to 6'2" and approximately 210-220 lbs with medium brown hair.

On 4-13-07, I slipped and fell in the shower due to the shower shoes that were defective. After I fell I reported the incident to the nurse on duty. She asked where did it hurt. I explained all over and that I believed my arm was broken. She gave me an ice pack and Tylenol and said I would be scheduled for an X-ray. I received the X-ray two days later. The X-ray technician determined my right arm and elbow was broken. I was scheduled to go to Swedish American Hospital Orthopedic Dept. They determined

THAT my ARM WAS BROKEN, but THEY FAIL TO NOTICE my WRIST AND HAND WAS DAMAGED AS WELL. I WAS TRANSFERRED BACK TO WINNEBAGO JAIL WHERE I WAS GIVEN TYLENOL 3 FOR THE PAIN. A WEEK LATER I WAS SENT BACK TO SWEDISH AMERICAN HOPITAL FOR A FOLLOW-UP WHICH WAS AROUND 4-22-07 -

ON 5-3-07 I WAS IMMEDIATELY TRANSFERRED TO STATEVILLE C.C. I BELIEVE THIS WAS DONE BECAUSE WINN. CO. JAIL DIDN'T WANT THE RESPONSIBILITY OF MEDICALLY TREATING MY INJURY. AT STATEVILLE C.C. MY ARM WAS PLACED IN A CAST. THE DOCTOR, CONN. PETERS DETERMINED THAT I SHOULD GO TO UNIVERSITY OF ILLINOIS MEDICAL CENTER AT WHICH TIME MY ARM WAS PLACED IN A CAST.

WHILE AT STATEVILLE NRC, I TRIED TO USE THE LAW LIBRARY CONCERNING MY INJURY. I WROTE ASST. WARDEN WRIGHT AND SOME SUPERINTENDENT ON DUTY. I NEVER RECEIVED A RESPONSE. THEREFORE, I WAS DENIED ACCESS TO THE LAW LIBRARY. I AM NOW BEING TREATED BY DOCTOR ALFONSO MEJIA, MD. FROM THE UNIV. OF ILL. MEDICAL CENTER WHILE I AM INCARCERATED IN DIXON C.C.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

WE ARE ASKING FOR ANY TORT ACTIONS INCLUDING
COMPENSATORY DAMAGES, NOMINAL DAMAGES AND
PUNITIVE DAMAGES.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 26th day of MARCH, 2008

Lawrence A. Hawthorne
(Signature of plaintiff or plaintiffs)

LAWRENCE A. HAWTHORNE
(Print name)

A-08052
(I.D. Number)

2600 BRINTON AVE.
DIXON, IL 61021

(Address)

Frank - New -
2600 Brinton Ave.
Dixson, Ill. 61021

A-08052

Correspondence Is Held
An Inmate Of The Illinois
Dept Of Corrections

MAILED FROM ZIP CODE 6102

Building

100

LEGAL WALL

Call